PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10827310

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN SMALL ENTITY | |
|--|--|---|--|---------------------------------------|-----------------|------------------|------------------|--------------------|------------------------|-------------|-------------------------|------------------------|
| T | OTAL CLAIMS | 5 | 24 | | · | |] | RATE | FEE | ٦ | RATE | FEE |
| F | OR | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FE | 385.00 | OR | BASIC FEE | 770.00 |
| TO | OTAL CHARGE | ABLE CLAIMS | ⊋4' minus 20= | | . 4 | | | X\$ 9= | | OR | X\$18= | 72 |
| INI | DEPENDENT (| CLAIMS | \ \frac{1}{2} m | inus 3 = | . 2 | | | X43= | | OR. | X86= | 172 |
| М | JLTIPLE DEPE | NDENT CLAIM P | RESENT | · · · · · · · · · · · · · · · · · · · | | | | +145= | | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | Ļ | TOTAL | | OR | TOTAL | 1014 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | OTHER | |
| | , | (Column 1) CLAIMS | 7 · · · · · · · · · · · · · · · · · · · | HIGHE | | (Column 3) | ³ 7 r | | | 7 1 | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | 9 | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | PENIDENIT | CLAIN | = | | X43= | | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +145= | | OR | +290= | |
| 1. 10 21 22 23 | | | | | | | | TOTAL DDIT. FEE | | OR , | TOTAL ADDIT, FEE | |
| | | (Column 1) | | | | | | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | · | HIGHE NUMBI PREVIOL PAID F | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | AUTATION OF MIL | Minus | ENDENT (| SI A194 | | r | X43= . | | OR | X86= | |
| ! | FINST PRESE | NTATION OF MU | LIPLE DEP | ENDENT | | | | +145= | , | OR | +290= | |
| | | | | | | | ΑD | TOTAL DIT. FEE | · | OR A | TOTAL DDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT C | ` | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | ST R ISLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | | Minus | *** | | = | | X43= | | OR | X86= | |
| ユ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | $^{\sim}$ F | | |
| | the eater to set :- | na 4 in Ion- # #- | | | ·• : • | 2 | <u></u> | 145= TOTAL | | OR | +290= | |
| If | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | | | | | OR A | TOTAL DDIT. FEE | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |